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membership and work for the good of the profession. The great trouble is that the majority want to be the generals, and object to being the soldiers, but of what use is a general if he has no soldiers? It is the soldiers who do the work and deserve the glory. It is the members who make the association and not the officers. To be sure, without the right leader the success will not be so great, but when the members are the right-thinking, enthusiastic helpers and workers they could not do otherwise than select the proper generals.

A great many times I believe people say things when they don't realize how they sound. For instance, I once heard a lady say she "did not believe in foreign missions," and yet she was giving largely to a school of waifs who were chiefly foreigners, so that they might be educated, cared for and made good citizens of the United States. It has been said that a man who is afraid to mingle with his fellow-men has something behind such a feeling that is not a credit to him. Let it not be said of this profession that the nurses who will not mingle with their fellow nurses either have not the right to do so or are afraid of competition. Rather let us band ourselves together and be thankful there are such ways and means of education open to us as associations of graduate nurses. Let us remain members, or become members, not only because we can derive great benefit from them by working to find the good in them, but because we can help our fellow nurses by our example, enthusiasm and work.

SCHOOL NURSING IN TORONTO, CANADA

By LINA L. ROGERS, R.N.

Superintendent of School Nurses

SECOND PAPER

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RULES AND REGULATIONS FOR THE GUIDANCE OF MEDICAL INSPECTORS

General Rules

As teachers, nurses, and medical and dental inspectors are all employed by the Board of Education, and as all are working for the fullest development of the children, educationally and physically, it should not be necessary to ask for hearty and harmonious co-operation in the work.

Always be courteous and sympathetic with parents and children, and thus avoid much needless resentment.

Absolutely no suggestions as to treatment shall be given except as hereinafter directed.

Medical inspectors and nurses must promptly report all discovered

cases of contagious disease to the Board of Health, thus rendering efficient assistance in eliminating this menace to the community.

The following diseases must be referred to the principals for exclusion: Smallpox, scarlet fever, diphtheria, measles, German measles, mumps, chickenpox, acute tonsillitis, whooping cough, open cases of tuberculosis, and such diseases of skin, scalp, and eye as, in the judgment of the medical inspector, should be excluded.

Except in case of sudden illness, request for leave of absence must be forwarded to the Department of Medical Inspection at least one week before such leave is required. In case of inability to report for duty on account of illness, notify the Department of Medical Inspection by telephone. A written notification must follow within twenty-four hours. When reporting for duty after absence, a certificate of illness from the attending physician must be presented.

Daily reports must be forwarded in time to reach the Department of Medical Inspection by the first mail on the following morning.

At each school visited, a time-book must be signed, stating the time of arrival and departure. All cases requiring treatment must be referred by card, in sealed envelope, to the family physician. Medical inspectors and nurses must not remove the clothing for examination of children, without consent and in the presence of parent or guardian. Medical inspectors and nurses must not interfere in any way with the school discipline.

DUTIES OF MEDICAL INSPECTORS

Each medical inspector is assigned to a group of schools.

The hours of duty are from 9 to 12 noon.

Each medical inspector shall prepare a time schedule for his group of schools, which must be forwarded to the chief medical inspector for approval. A copy must be given to each principal.

Morning inspection must be completed before 11 A.M.

Physical examinations will be made after the morning inspections are completed until 12 noon.

MORNING INSPECTIONS

Morning inspection shall consist of inspection of children referred by the principals and nurses to the medical inspectors for examination for major and minor contagious diseases, marked physical defects, and for vaccination of those children whose parents have requested it.

No child shall be admitted to the classroom who has been absent two or more days for any unassigned cause before being examined by the medical inspector, if the principal or nurse has reason to believe that the child has been absent on account of illness.

All suspected cases of major contagious diseases must be excluded for the day. It will be the duty of the medical inspector to visit the home of the child within 24 hours, to make a definite diagnosis. Cases proving contagious will be reported to the Board of Health on forms provided; non-contagious cases will be permitted to return to classroom.

Diseases will be excluded for time indicated, as follows:

<i>Disease</i>	<i>Exclusion for disease</i>	<i>Exclusion for exposure</i>
Smallpox	8 weeks	2 weeks
Scarlet fever	6 weeks	2 weeks
Diphtheria	3 weeks (or until two negative cultures have been obtained)	2 weeks
Measles	3 weeks at least	
German measles	2 weeks	2 weeks
Mumps	4 weeks	2 weeks
Chickenpox	3 weeks	2 weeks
Whooping cough.....	6 weeks at least	3 weeks

In cases of suspected diphtheria a culture must be made at once. Culture media will be provided by the Board of Health at stations near all schools. A list of stations will be supplied to each medical inspector.

Each child excluded from school must be furnished with an official exclusion card, properly filled out and signed. In cases of persistent neglect, the parents shall be asked to confer with the nurse and medical inspector at the school.

Each pupil referred to the nurse for instruction or treatment must be given a slip upon which is written the child's name, and the code number of the disease.

The wooden tongue depressors supplied must be used to the exclusion of all other tongue depressors, and used only once.

CODE

- | | |
|--------------------------|-------------------------------|
| 1. Acute conjunctivitis. | 18. Blepharitis. |
| 2. Acute coryza. | 19. Tuberculosis. |
| 3. Diphtheria. | A. Enlarged tonsils. |
| 4. Favus. | B. Carious teeth. |
| 5. Impetigo. | C. Adenoids. |
| 6. Measles. | D. Enlarged glands. |
| 7. Parotitis. | E. Cardiac disease. |
| 8. Pediculosis. | F. Pulmonary disease. |
| 9. Pertussis. | G. Defective palate. |
| 10. Pediculosis. | H. Anæmic condition. |
| 11. Ringworm. | I. Defective nasal breathing. |
| 12. Scabies. | J. Orthopædic defects. |
| 13. Scarlet fever. | K. Chorea. |
| 14. Acute tonsillitis. | L. Defective vision. |
| 15. Trachoma. | M. Defective hearing. |
| 16. Varicella. | N. Epilepsy. |
| 17. Granulated eyelids. | |

READMISSION

Children returning after smallpox, diphtheria, and scarlet fever, must present to the medical inspector a certificate from the Board of Health of disinfection of the home.

Other contagious cases will be readmitted at the discretion of the medical inspector.

A slip readmitting child must be sent to the principal, according to 'the following form:

Mary Jones,

Re-admitted March 20th, 1911.

J. H. A.....M.D.

ROUTINE INSPECTION

At the opening of schools after midsummer, Christmas, and Easter holidays, each medical inspector shall make a routine class inspection of schools in his charge, for the purpose of detecting any cases showing evidence of contagious disease or marked physical defects. This should be completed by the end of the first week, and should be conducted as follows:

The inspector should stand in the classroom with his back to a window, and have all the pupils file past him. In passing, the pupil will show palms of hands and wrists, will pull down the eyelid showing the conjunctiva, and open the mouth to expose the tongue and throat.

Name of child and diagnosis of disease must be recorded on the class record cards.

Code numbers must always be used to indicate the disease found.

All cases of contagious disease are to be dealt with according to former directions.

Marked cases of physical defects must be recorded on the physical record card; in those cases the marked defects only need be noted, the child awaiting complete physical examination in regular order.

In this hurried examination of pupils, diseases of the skin, scalp and eye, and evidences of major contagious diseases, can be detected. A careful watch should be kept for desquamation.

After the completion of this preliminary inspection, the daily morning inspection shall begin.

All children ordered under treatment, but not excluded, are to be

instructed to report to the school nurse at once; thereafter the nurse will have supervision of these cases until terminated.

PHYSICAL EXAMINATIONS

Each morning after the above duties are completed, the principal will instruct the children to report, in turn, to the medical inspector for physical examination.

Examinations are to be made in the following order, unless otherwise ordered:

1. Children entering school for the first time.
2. In the regular course, beginning with children of the lowest grades, and proceeding to the higher grades in regular order.
3. Classes of the same grade are to be examined in regular order in each school of the group.

Each child must be thoroughly examined for the condition of: (1) eyes; (2) ears; (3) nose; (4) tonsils; (5) pharynx; (6) teeth; (7) palate; (8) lymphnodes; (9) lungs; (10) heart; (11) nervous system; (12) spine and extremities; (13) nutrition.

The graduating class must be examined during the term in which they graduate, and the complete physical record sent to the chief medical inspector's office.

For the physical examinations, there will be the school physical record card, medical inspector's record, and the nurse's record copy.

A complete record of each physical examination must be made on the school physical record card, which must be filed in the school in a cabinet provided for that purpose, except in the case of the graduating class.

Slight physical defects will be marked x, for the guidance of the medical inspector in a future physical examination.

Severe cases will be marked xx.

Extreme cases xxx.

It is the duty of the nurse to see that those marked xxx receive immediate treatment from the family physician, hospital, or dispensary.

Each day, copies of the medical inspector's records must be given by the medical inspector to the school nurse.

Each child requiring treatment must be given a parent's notification card properly filled out and signed.

When the nurse reports that she is unable to obtain treatment for the child, the inspector must make at least one visit to the home, and endeavor to obtain treatment before terminating the case.

A case is terminated when treatment has been given, or when the parents absolutely refuse to have anything done.

When the case is terminated, the medical inspector shall note on the school physical record card what treatment, if any, has been obtained; the nurse's record copy is then forwarded to the chief medical inspector's office.

The medical inspector's records must be forwarded with the daily report.

MEETINGS

Medical inspectors must report in person, at such times as may be designated, to the chief medical inspector.

A meeting of the staff will be held once a week.

(To be continued)

A CALL TO THE COUNTRY

By MARY C. STROBHAR, R.N.

Graduate of the Laura Hill Hospital, Montgomery, Alabama

I WONDER if this recent experience of mine will be of interest or a bit of help to any one.

I arrived at the tiny town of G—— at 7.30 on a very dark night. Mr. S. (who is the postmaster, general merchant, and, in fact, G——) and his good wife were at the train to meet me. There is no station at G——. Mr. S. piloted the way with a lantern to his home near-by, and after enjoying an old-fashioned country supper, we started for my patient's home.

A negro drove, and Mr. S. and the pretty girl "school-ma'am" went with me. We had a long five-mile drive over a country road, and, had it been daytime, or even moonlight, we would have seen great fields of white cotton on all sides. We arrived at our destination at nine o'clock, six miles from the doctor (*not* over automobile roads) and five miles from the nearest telephone.

During the drive I learned from Mr. S. that the patient was a fifteen-year-old girl, who had been ill with typhoid fever for six weeks, and had suffered a relapse almost two weeks before my arrival. At four o'clock in the morning of the day I arrived, she had lost a quart of blood while sitting on a low vessel on the floor. She had always been taken out of the bed, even to void urine, "because she could not use a bed-pan."

Three other white families lived in the settlement, and I found all